



**Michigan  
Technological  
University**

# 2025 BENEFITS GUIDE



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**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 34-35 for more details.**

## 2025 Husky Flexible Benefit Plan

**New for 2025!**

The Husky Flexible Benefit Plan offers choice and flexibility to faculty and staff.

### What's New For 2025?

- Medical Plan design changes to the Husky Care HDHP 1 Plan (See page 5)
- Employee premium increase for the Medical Husky Care PPO and Husky Care HDHP 1 Plans
- Supplemental Life Insurance and AD&D plan design change to combine election
- Health Savings Account (HSA) and Flexible Spending Accounts (FSA) administration is moving to WEX (from Health Equity and MTU, respectively)
- First Stop Health Virtual Care
- 2nd.MD Second Opinion Services
- Infusion Site of Care Services

### And What's Not Changing...

- No change in plan designs or employee premiums for dental and vision plans
- Michigan Tech will continue to provide three subsidized Medical Plans and a non-medical subsidy
- Non-medical subsidy is \$105/month for all benefits-eligible employees

*NOTE: University-provided Short-Term Disability, Long-Term Disability and Basic Life and AD&D insurance costs are deducted from the above \$105/month non-medical subsidy.*

## Enrollment Information

### What's Online Enrollment?

Employees will enroll in their benefits via **Employee Navigator**. *Please note this is different from last year when we used the Banner 9 Self-Service benefit portal.* See page 22 for more information.

**Open Enrollment will begin on Monday, November 11 and will end on Monday, November 25.** Be sure to consider your options carefully as you make your coverage elections.

### Do I Really Need To Enroll?

Open Enrollment for 2025 is active (mandatory), and it's required that all employees complete the process if you want to elect benefits for 2025. It is imperative that you take action. During Open Enrollment you'll have the opportunity to:

- Enroll in or change Medical, Dental, or Vision coverage for next year.
- Contribute to or change contributions to a Health Savings Account (HSA), Healthcare Flexible Spending Account (FSA) or Dependent Care Account (DCFSA). Please note HSA and FSA elections from the current year will not automatically renew for 2025.
- Enroll in or change your Voluntary Employee Life and Accidental Death and Dismemberment (AD&D) insurance, Spouse and/or Dependent Life insurance, Long-Term Disability Buy-up coverage, or one of the other Voluntary Benefits – Accident, Critical Illness or Hospital Indemnity.
- Contribute to or change contributions to Retirement Accounts (changes can be made at any time during the plan year). Employee Navigator will not be used to update retirement contributions.

### Ok, When Can I Enroll?

As a benefits-eligible employee, you have the opportunity to review your and your family's (if applicable) current benefits, evaluate any new or special needs for the upcoming year, and update your benefit choices during Michigan Tech's Open Enrollment period. **Your new benefit elections will be effective on January 1, 2025.**

## And Who Can I Cover?

Dependents	Eligibility Definition
<b>Spouse</b>	An individual to whom you are legally married.
<b>Child</b>	Your child that is under 26 years of age including: <ul style="list-style-type: none"> <li>• Your biological children;</li> <li>• Your stepchildren;</li> <li>• The children of your Designated Eligible Individual that reside in your household;</li> <li>• Your legally adopted children;</li> <li>• Your foster children, including any children placed with you for adoption;</li> <li>• Any children for whom you are responsible under court order;</li> <li>• Your grandchildren in your court-ordered custody; and</li> <li>• Any other child who lives with you in a parent-child relationship, or whose parent is your child and is covered as a dependent under the plan.</li> </ul>
<b>Dependent Child with Disability</b>	Any dependent child that otherwise meets the criteria of “child” and is disabled if: <ul style="list-style-type: none"> <li>• He or she is not able to earn his or her own living because of a disability which started prior to the date he or she reaches the maximum age for dependent children under your plan; and</li> <li>• He or she depends chiefly on you for support and maintenance.</li> </ul>
<b>Designated Eligible Individual (DEI)</b>	A Michigan Tech employee who does not already enroll a spouse for the health plans may enroll one individual for health coverage but only if ALL the following eligible criteria are met: <ul style="list-style-type: none"> <li>• The employee is eligible for Michigan Tech's health plan options;</li> <li>• The DEI, at the time of proposed enrollment, resides in the same residence as the employee and has done so for the previous 18 continuous months, other than as a tenant;</li> <li>• The DEI is not a “dependent” of the employee as defined by the IRS.</li> </ul> Please note that the following individuals do not meet the eligibility criteria for a DEI: <ul style="list-style-type: none"> <li>• Spouse</li> <li>• Children and their descendants (children, grandchildren)</li> <li>• Parents and Parent's descendants (siblings, nieces, nephews)</li> <li>• Grandparents and their descendants (aunts, uncles, cousins)</li> <li>• Renters, boarders, tenants</li> </ul>

Submit the required documentation to Benefit Services when enrolling a new dependent on your plan.

## What If Things Change During The Year?

You can't change your coverage during the plan year unless you have a qualified family status change. If you do have a status change, you must submit notification via Employee Navigator within 30 days of the event. Supporting documentation must be sent to Benefit Services. When adding a dependent, documentation will be required.

Qualified family status events include, but are not limited to:

- Marriage or divorce
- Birth or legal adoption of a child
- Legal guardianship
- Child turns age 26
- Death of your spouse or a dependent child
- Loss/gain of insurance coverage by your spouse's employer

Failure to notify the Benefits Office within 30 days of any family status change may result in the following:

- You will be held responsible for any claims paid for an ineligible dependent
- Premiums paid for an ineligible dependent will not be refunded

## Medical Insurance

Administered by Blue Cross Blue Shield of Michigan



Each person’s healthcare needs are different – that’s why Michigan Tech offers three medical plans so you can choose the coverage level best-suited to your personal situation. Our Medical benefits are administered by Blue Cross Blue Shield of Michigan (BCBSM), while Prescription Drug benefits are administered by Express Scripts. For additional information and to find participating providers, please use the BCBSM or Express Scripts websites (available on page 23). The chart below is summary of employee coverages and costs.

Benefits	Husky Care PPO Embedded Deductible		Husky Care HDHP 1 Aggregate Deductible		Husky Care HDHP 2 Embedded Deductible	
	In-Network	Out-of- Network	In-Network	Out-of- Network	In-Network	Out-of- Network
<b>Annual Calendar Year Deductible</b>	\$1,500 Per Person \$3,000 Family Max	\$3,000 Per Person \$6,000 Family Max	\$1,750 EE Only \$3,500 Family	\$3,500 EE Only \$7,000 Family	\$5,000 Per Person \$10,000 Family Max	\$10,000 Per Person \$20,000 Family Max
<b>Out-of-Pocket Maximum</b> (Includes Deductible, Copays and Coinsurance)	\$2,500 Per Person \$5,000 Family Max	\$8,000 Per Person \$16,000 Family Max	\$4,000 EE Only \$8,000 Family*	\$6,000 EE Only \$12,000 Family	\$5,000 Per Person \$10,000 Family Max	\$10,000 Per Person \$20,000 Family Max
<b>PREVENTATIVE CARE</b>						
<b>One Exam Per Calendar Year</b>	0%	Not Covered	0%	Not covered	0%	Not Covered
<b>PHYSICIAN SERVICES</b>						
<b>Office Visit</b>	30%	30% after deductible	20% after deductible*	35% after deductible	0% after deductible	0% after deductible
<b>Online Visit</b>	30%	Not Covered	20% after deductible*	Not Covered	0% after deductible	Not Covered
<b>HOSPITAL SERVICES</b>						
<b>Inpatient</b>	30% after deductible	30% after deductible	10% after deductible	30% after deductible	0% after deductible	0% after deductible
<b>EMERGENCY CARE</b>						
<b>Emergency Room Visit</b>	\$75 copay		10% after deductible		0% after deductible	
<b>Urgent Care Center Visit</b>	\$50 copay	30% after deductible	10% after deductible	30% after deductible	0% after deductible	
<b>Lab and X-ray Services</b>	30%	30% after deductible	10% after deductible	30% after deductible	0% after deductible	0% after deductible
<b>MENTAL HEALTH</b>						
<b>Mental Health Office Visit</b>	30%	30% after deductible	20% after deductible*	35% after deductible	0% after deductible	0% after deductible
<b>Mental Health Inpatient Services</b>	30% after deductible	30% after deductible	10% after deductible	30% after deductible	0% after deductible	0% after deductible
<b>THERAPY SERVICES</b>						
<b>Physical, Occupational and Speech Therapy</b> limited to combined 60 visits per year	30%	30% after deductible	20% after deductible*	35% after deductible	0% after deductible	0% after deductible
<b>Chiropractic Services</b> limit 24 per year	30%	30% after deductible	20% after deductible*	40% after deductible	0% after deductible	0% after deductible
<b>Massage Therapy</b>	30%	30%	20% after deductible*	35% after deductible	0% after deductible	0% after deductible

\*Please note the changes to the Husky Care HDHP 1 Plan:

- In-Network Out-of-Pocket Maximum increased to \$4,000 EE Only/\$8,000 Family (previously \$3,000/\$6,000).
- In-Network coinsurance improved to 20% after deductible (employee coinsurance was previously 35% after deductible).

Benefits	Husky Care PPO Embedded Deductible		Husky Care HDHP 1 Aggregate Deductible		Husky Care HDHP 2 Embedded Deductible	
	In-Network	Out-of- Network	In-Network	Out-of- Network	In-Network	Out-of- Network
<b>PRESCRIPTION DRUGS</b>						
<b>Retail</b> (30-day supply) <b>Generic</b>	10% (\$5 Min/ \$20 Max)		10% after deductible		0% after deductible	
<b>Brand</b>	25% (\$10 Min/ \$40 Max)		10% after deductible		0% after deductible	
<b>Mail-Order</b> (90-day supply)	2x copay		10% after deductible		0% after deductible	

### Monthly Employee Cost

	Husky Care PPO*	Husky Care HDHP 1*	Husky Care HDHP 2
<b>Employee Only</b>	\$135.68	\$8	\$0 (Taxable Credit of \$30)
<b>Employee + Spouse</b>	\$284.92	\$17	\$0 (Taxable Credit of \$60)
<b>Employee + Child(ren)</b>	\$257.78	\$15	\$0 (Taxable Credit of \$70)
<b>Employee + Family</b>	\$407.03	\$24	\$0 (Taxable Credit of \$90)

\*Monthly Employee costs increased for the Husky Care PPO and Husky Care HDHP 1 Plans compared to last year.

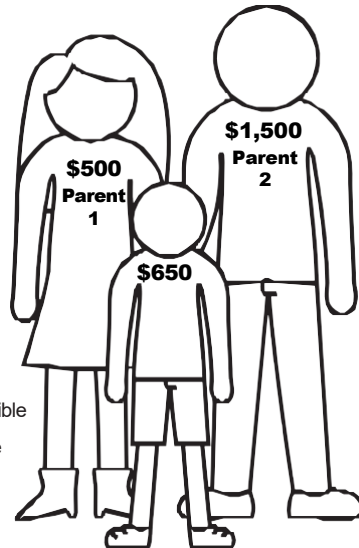


## Deductibles: Embedded or Aggregate

### Embedded Deductibles: How Do They Work?

Husky Care PPO	
Per Person Deductible	\$1,500
Family Deductible	\$3,000

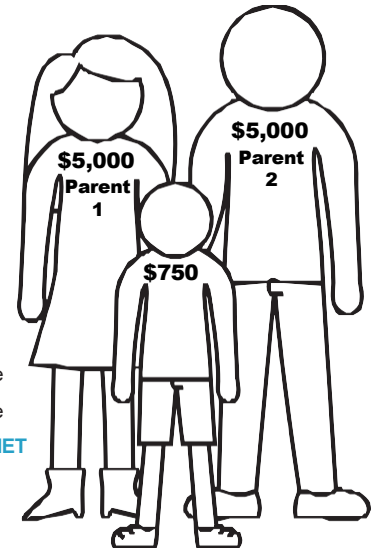
Medical Bills for the year



PPO Parent 2 **MET** their deductible  
 PPO Parent 1 has **NOT met** their deductible  
 PPO Child has **NOT met** their deductible  
 PPO Family deductible **NOT met**

**Total Family Medical Bills: \$2,650**

Husky Care HDHP 2	
Per Person Deductible	\$5,000
Family Deductible	\$10,000



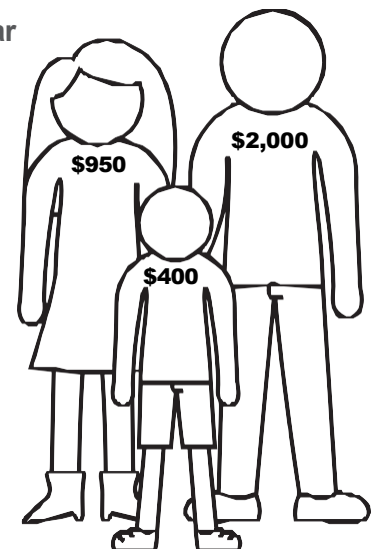
HDHP2 Parent 2 **MET** their deductible  
 HDHP2 Parent 1 **MET** their deductible  
 HDHP2 Family deductible has been **MET**  
 HDHP2 Child deductible **already covered** with family deductible

**Total Family Medical Bills: \$10,750**

### Aggregate Deductibles: How Do They Work?

Husky Care HDHP 1	
Family Deductible	\$3,500

Medical Bills for the year



HDHP1 Family has **NOT met** their deductible

**Total Family Medical Bills: \$3,350**

#### What Do These Graphics Mean?

Michigan Tech's PPO and HDHP 2 plans have **Embedded Deductibles**. This means individuals in a family work toward their individual deductibles, but combined, they can't exceed the family deductible.

Michigan Tech's HDHP 1 has an **Aggregate Deductible**. This means the total family deductible must be paid out-of-pocket before health insurance starts paying for the health care services incurred by any individual family member.



Care you will love. | (888) 691-7867 | fshealth.com

## Virtual Primary Care

### You will love this Michigan Tech health benefit.

You now have the benefit of personalized, ongoing care from a primary care doctor without leaving the comfort of home!

Use First Stop Health Virtual Primary Care for:



#### Urgent Care Issues

Talk to a doctor in minutes for sinus infection, UTI, cold, flu, rash, headache and more.



#### Prevention & Wellness

Check in on your current health and make a personalized plan to stay healthy and strong.



#### Mental Healthcare

Diagnosis and prescriptions for depression, anxiety and more. You have virtual counseling, too.



#### Health Management

Support managing asthma, diabetes, hypertension, obesity, high cholesterol, smoking, COPD and more.



#### Referrals, Tests and More

Just like at an in-person visit, our doctors can:

- Order labs, tests and screenings
- Provide sick notes and documentation
- Refer you to in-network specialists



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#### Care on your time.

- On-demand visits for urgent care issues
- Scheduled visits (that start on time!) for primary care



#### No cost for your family on the PPO Plan. HDHP Plan participants will pay a fee until the deductible is met.

- The service is free to medical-enrolled employees and their immediate family members.
- We can treat urgent care issues in those <18. Adults can use FSH for both primary and urgent care.

Get care now. Download the app Log in at fshealth.com Call 888-691-7867





# GET A SECOND OPINION FROM AN EXPERT SPECIALIST



## Feel confident about your medical decisions

As part of your employer provided benefits, you can get an expert second opinion from a leading specialist at **no additional cost to you**. Connect directly with experts by video from the comfort of home. Ask questions, get answers and feel empowered to make the best healthcare decisions.

### Our specialists can help you:

- ✓ Confirm a new or existing diagnosis
- ✓ Explore other treatment plans and medications
- ✓ Understand if a recommended surgery is right for you

We have a wide network of expert doctors across hundreds of subspecialties and thousands of conditions, including:

- Muscle, joint and bone
- Cancer
- Heart disease and stroke
- Digestive/GI
- Autoimmune
- Women's health
- Men's health
- Pediatric medicine
- Mental Health
- Brain and nervous system
- Ear, nose and throat
- And many more

## HOW IT WORKS

### 1 ACTIVATE YOUR ACCOUNT AND REQUEST A CONSULT

Call 1.866.841.2575  
Visit [2nd.MD/activate](https://2nd.MD/activate)



Scan to get started

### 2 SPEAK WITH A NURSE

Talk to one of our experienced, compassionate nurses to see if a second opinion is right for you. We'll handle the rest, including gathering your medical records, finding the right specialist and setting up the video consultation.

### 3 CONSULT WITH A LEADING SPECIALIST

Get personalized advice about your diagnosis and treatment plan from a specialist in your condition. Video consultations are available when it's convenient for you, including nights and weekends!

## Who is eligible?

2nd.MD is confidential, fast and no additional cost to you and your eligible dependents.

CALL 911 IMMEDIATELY IF YOU ARE HAVING A MEDICAL EMERGENCY. 2nd.MD is not an emergency service. 2nd.MD is an independent resource to support you in receiving information from Expert Medical Specialists. 2nd.MD does not practice medicine or provide patient care and is independent from the Specialists providing the expert medical consultations.

\*2nd.MD's book of business statistics 2023

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**96%** of 2nd.MD users would recommend 2nd.MD to a family member or friend.\*

## Dental Benefits

Administered by Delta Dental

Michigan Tech offers a choice of two dental plans administered by Delta Dental. The dental plans feature a PPO and Premier network of dentists who have agreed to provide services at a discounted price. For additional information and to find participating providers, please use Delta Dental's website (available on page 23). The chart below is summary of employee coverages and costs.



Benefits	Husky Dental 1			Husky Dental 2		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
<b>DIAGNOSTIC AND PREVENTIVE</b>						
<b>Diagnostic and Preventive Services</b> exams, cleanings, fluoride and space maintainers	0%	0%	0%	0%	0%	0%
<b>Emergency Palliative Treatment</b> to relieve pain	0%	0%	0%	0%	0%	0%
<b>Sealants</b> to prevent decay of permanent teeth	0%	0%	0%	0%	0%	0%
<b>Brush Biopsy</b> to detect oral cancer	0%	0%	0%	0%	0%	0%
<b>Radiographs</b> x-rays	0%	0%	0%	0%	0%	0%
<b>BASIC SERVICES</b>						
<b>Minor Restorative Services</b> fillings and crown repair	20%	20%	20%	50%	50%	50%
<b>Endodontic Services</b> root canals	20%	20%	20%	50%	50%	50%
<b>Periodontic Services</b> to treat gum disease	20%	20%	20%	50%	50%	50%
<b>Oral Surgery Services</b> extractions and dental surgery	20%	20%	20%	50%	50%	50%
<b>Adjustments and Repairs</b> to bridges, implants and dentures	20%	20%	20%	50%	50%	50%
<b>Relines and Repairs</b> to bridges, implants and dentures	N/A	20%	20%	50%	50%	50%
<b>MAJOR SERVICES</b>						
<b>Major Restorative Services</b> crowns	50%	50%	50%	50%	50%	50%
<b>Relines and Rebase</b> to dentures	50%	50%	50%	50%	50%	50%
<b>Prosthetic Services</b> bridges, implants and dentures	50%	50%	50%	50%	50%	50%
<b>Periodontal Osseous Surgery</b>	50%	50%	50%	No coverage	No coverage	No coverage
<b>ORTHODONTIC SERVICES – Lifetime Max \$1,500</b>						
<b>Orthodontic Services</b> braces	50%	50%	50%	No coverage	No coverage	No coverage
<b>Orthodontic Age Limit</b>	Up to age 20	Up to age 20	Up to age 20	No coverage	No coverage	No coverage
<b>Annual Dental Maximum</b>		\$1,500			\$1,500	

## Monthly Employee Cost

	Husky Dental 1	Husky Dental 2
<b>Employee Only</b>	\$30.94	\$28.54
<b>Employee + Spouse</b>	\$57.52	\$53.00
<b>Employee + Child(ren)</b>	\$70.07	\$56.13
<b>Employee + Family</b>	\$108.62	\$89.04

# Vision Benefits



Administered by VSP Vision Care

Vision benefits are administered by VSP. For additional information and to find participating providers, please use VSP’s website (available on page 23). The chart below is summary of employee coverages and costs.

Benefits	Husky Vision
<b>IN-NETWORK BENEFITS</b>	
<b>Office Visit/Exam</b> Once per calendar year	\$10 copay
<b>Lenses or Contacts</b> Once every calendar year	Covered in full after exam copay (\$200 allowance in lieu of glasses)
<b>Frames</b> Once every 2 calendar years	Covered in full after exam copay (\$200 allowance)
<b>Employee Safety Glasses</b> Once every 2 calendar years	ProTec Eyewear collection, along with prescription lenses that meet current impact protection criteria, are covered in full
<b>Lightcare Benefit</b> (available for members without prescription eyewear) Once every 2 calendar years	Non-prescription sunglasses or blue light filtering glasses covered in full (\$200 allowance)

## Monthly Employee Cost

	Husky Vision
Employee Only	\$9.03
Employee + Spouse	\$18.06
Employee + Child(ren)	\$19.33
Employee + Family	\$30.89





## Health Savings Account (HSA)

Administered by WEX (Previously Health Equity)

Your HDHP plan options give you access to a Health Savings Account (HSA) administered by WEX.

The HSA allows you to set aside money on a pre-tax basis to pay for qualified healthcare expenses, like your medical, dental and vision deductibles, coinsurance and copays. You can decide whether to enroll in an HSA and how much (if any) pre-tax money you want to contribute when you enroll. You can change the amount you contribute at any time throughout the year.

### What are the Advantages of an HSA?

There are a number of advantages to setting aside a little money in an HSA.

- **It's tax-free when it goes in.** You can put money into your HSA on a pre-tax basis through convenient payroll deductions. Not only do you save money on qualified healthcare expenses, but also your taxable income is lowered.
- **It's tax-free as it grows.** When you spend your HSA funds on qualified healthcare expenses, you don't pay any taxes. That means you're saving money on your qualified medical, dental and vision expenses.
- **It's tax-free when you spend it.** When you spend your HSA funds on qualified healthcare expenses, you don't pay any taxes. That means you're saving money on your qualified medical, dental and vision expenses.
- **It's always your money.** You can carry over your unused HSA balance from year to year. Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical plans, leave the University, or retire.

### Are You Eligible For an HSA?

To be eligible to contribute to an HSA, you must enroll/be enrolled in what's called a "High-Deductible Health Plan (HDHP)". If you're covered by another medical plan in addition to your own health plan, it also must be an HDHP. For example, if you're also enrolled in your spouse's coverage, that plan must be an HDHP too.

You can't contribute to an HSA if:

- You're enrolled in another medical plan that is not a qualified High Deductible Health Plan
- You're enrolled in a veteran's medical plan
- You're claimed as a dependent on someone else's federal tax return
- Your spouse participates in a general-purpose healthcare Flexible Spending Account (FSA)
- You're enrolled in Medicare

Although you can enroll your children up to age 26 in your medical coverage, you can't use money from your HSA to pay their healthcare expenses unless you can claim them as dependents on your federal income taxes.

You can't have an HSA and use a general-purpose healthcare flexible spending account (FSA) for medical expenses at the same time. If you currently have money in a Healthcare FSA, use it before you begin contributing to your HSA. This includes any "grace period" that applies during a new plan year (generally before April 1). Your HSA can be used for eligible medical, dental and vision expenses.

### How Much Can You Contribute To an HSA?

The IRS sets the total annual HSA contribution limit. In 2025, the maximum contribution amount is **\$4,300** (up from \$4,150) if you cover only yourself, and **\$8,550** (up from \$8,300) if you cover family members.

**Catch-Up contributions:** If you'll be age 55 or older during 2025, you can make up to **\$1,000** in extra contributions to your HSA during the year.

**IMPORTANT! You must actively re-enroll and set contributions to your HSA plan each year. You are not automatically re-enrolled.**



## Flexible Spending Accounts (FSA)



Administered by WEX (Previously Health Equity)

Flexible Spending Accounts (FSAs) enable you to put aside money for important expenses and help you reduce your income taxes at the same time. Michigan Tech offers three types of FSAs – Healthcare, Limited-Purpose and Dependent Care. Governed by the Internal Revenue Service (IRS), these accounts allow you to set aside pre-tax dollars to pay for certain, allowed out-of-pocket healthcare and/or dependent care expenses.

### How Flexible Spending Accounts Work

1. Each year during the open enrollment period, you decide how much to set aside for healthcare and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. Use your WEX debit card or submit a claim for reimbursement online through WEX as you incur healthcare or dependent care expenses throughout the year.
4. There are “use it or lose it” rules imposed by the IRS, so any unused funds remaining in your FSA account the end of the plan year will be forfeited.

Please note that these accounts are separate – you may choose to participate in any of the options. You cannot use money from the Healthcare FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

**IMPORTANT! You must actively re-enroll in each FSA plan each year. You are not automatically re-enrolled.**

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Healthcare FSA	\$3,300	Medical copays, deductibles, coinsurance, dental and vision
Limited-Purpose FSA*	\$3,300	Dental and vision only
Dependent Care FSA	\$5,000	Day care, elder care expenses

\*This is the only FSA option available for employees enrolled in an HDHP.



## Employee Assistance Program (EAP)



Administered by Northstar EAP

The Employee Assistance Program provides you and your family with access to several services. Eligible faculty and staff and their spouses and dependents, have access to up to eight free counseling sessions per person from Northstar EAP. Their services can help manage issues that may be impacting your personal and work life. Northstar EAP's areas of expertise include stress, depression, family and marital issues, work relationships, alcohol and substance abuse and grief. Confidentiality is maintained in accordance with privacy laws and professional ethical standards. The University will not be notified when services are requested or used. To set up an appointment, call **906.225.3145** or schedule an appointment online at [www.northstareap.com](http://www.northstareap.com).

**Meet Tess! A FREE virtual, AI chat service providing encouragement and strategies on how to manage everyday stress and anxiety.**

**Mental Health support via text (SMS) is now available through Northstar EAP!** Simply text, "Hi", to Tess at **906.208.4204** and begin your self-care journey right now!

Tess is a supportive text platform that is available for unlimited, 24/7 conversations to help you learn how to feel better, manage stress, increase self-awareness and build resilience. Tess is secure and confidential, just like conversations with a healthcare professional - your employer will never have access to your conversations.

More about Tess: Tess bridges the gaps by using an employee-centric approach: by simply texting the phone number, you're signed up right away. Instantly available on a 24/7 basis, Tess monitors the employee and learns their emotional patterns during conversations.

## Life and AD&D Insurance

Administered by The Standard



Life and Accidental Death & Dismemberment (AD&D) benefits are administered by The Standard. These benefits are provided to offer employees additional financial protection for themselves and their loved ones.

### Basic Life and AD&D – Core Benefit

Michigan Tech provides eligible employees with Basic Term Life and Accidental Death & Dismemberment coverage at no cost to you and enrollment is automatic. This benefit is equal to \$50,000. If you are seriously injured or lose your life in an accident, you will also be eligible for an additional \$50,000 benefit through AD&D insurance.

### Supplemental Life and AD&D – Buy-Up

You may also choose to purchase Supplemental (or Additional) Term Life insurance and Accidental Death & Dismemberment coverage in addition to the University paid benefit. You pay the total cost of this benefit. The Additional Life maximum is the lesser of 4 times earnings or \$500,000. The AD&D insurance coverage amount matches what you elect for Additional Life insurance. Please note you can get up to \$300,000 in coverage with no health questions. This is your Guaranteed Issue amount. For amounts greater than this, you will be required to answer some health questions and provide Evidence of Insurability (also called EOI). See the available options below.

- \$10,000 - \$500,000 in increments of \$10,000

NOTE: The Monthly Rate for this Life and AD&D insurance benefit is \$0.186 per \$1,000 of benefit.

### Voluntary Spouse and Dependent Life and AD&D – Buy-Up

You may also purchase Supplemental (or Additional) Term Life insurance and Accidental Death & Dismemberment coverage for your Spouse and Dependent Children (up to age 26, regardless if they're full-time students or not). Disabled children over the maximum age may be eligible for benefits, please see Human Resources for details. To purchase this Dependent Life/AD&D coverage, you must also be enrolled in the above Employee Supplemental Life and AD&D coverage. The Spouse Life Guarantee Issue amount is \$50,000. Please note to add or increase coverage, you may be required to answer some health questions and provide evidence of insurability (also called EOI). See the available options below.

- Spouse: \$10,000 - \$250,000 in increments of \$10,000 (cannot exceed 100% of your Additional Life election)
- Child: Flat \$10,000 for each Child

NOTE: The Monthly Rate for the Spouse Life and AD&D insurance benefit is \$0.280 per \$1,000 of benefit. The Monthly Rate for the Child Life and AD&D insurance benefit is \$0.220 per \$1,000 of benefit.

### Evidence of Insurability (EOI)

To apply for an amount over the Guarantee Issue, visit <https://myeoi.standard.com/762975> to complete and submit a medical history statement online.

*NOTE: University-provided Short-Term Disability, Long-Term Disability and Basic Life and AD&D insurance costs are deducted from the \$105/month non-medical subsidy.*

## Disability Coverages

Administered by The Standard



Disability benefits are administered by The Standard. If you are out of work for an extended period of time due to a non-occupational disabling injury or illness, these coverages are designed to replace a portion of your income, and help you maintain your lifestyle. Michigan Tech provides both Short-Term and Long-Term Disability insurance options for you.

### Short-Term Disability Coverage – Core Benefit

Short-Term Disability (STD) replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. Michigan Tech provides basic Short-Term Disability coverage at no cost to you and enrollment is available to you after you are out of work for 14 days due to either an injury or illness and declared disabled for up to 26 weeks.

<b>Eligibility</b>	You are eligible for coverage if you are an active employee working a minimum of 30 hours per week.
<b>Weekly Benefit Amount</b>	If you meet the definition of disability, you would be eligible to receive a weekly benefit equal to 70% of your weekly earnings to a maximum of \$3,000 per week. The payment amount will be taxable.

### Long-Term Disability Coverage – Core Benefit

Michigan Tech also provides Long-Term Disability (LTD) to eligible employees at no cost. Long-Term Disability provides the security of a continuous income in the event you are disabled for an extended period of time. LTD benefits are payable after 180 days of disability.

<b>Eligibility</b>	You are eligible for coverage if you are an active employee working a minimum of 30 hours per week.
<b>Monthly Benefit Amount</b>	If you meet the definition of disability, you would be eligible to receive a benefit equal to 60% of your monthly earnings to a maximum of \$5,000 per month. The payment amount will be taxable.

### Voluntary Long-Term Disability – Buy-Up Benefit

Depending on your household budget, you may need additional disability coverage. To help you increase your disability protection, Michigan Tech allows eligible employees to purchase additional Long-Term Disability coverage at an affordable cost.

<b>Eligibility</b>	You are eligible for coverage if you are an active employee working a minimum of 30 hours per week.
<b>Monthly Benefit Amount</b>	If you meet the definition of disability, you would be eligible to receive a benefit equal to 70% of your monthly earnings to a maximum of \$10,000 per month.
<b>Cost of Coverage</b>	Details can be found in Employee Navigator, as these rates vary by earnings.
<b>Changes to Coverage</b>	Each year, or when you have a change in status, you will have the opportunity to change your long-term disability coverage. Any increase in coverage will be subject to the pre-existing condition exclusion.

*NOTE: University-provided Short-Term Disability, Long-Term Disability and Basic Life and AD&D insurance costs are deducted from the \$105/month non-medical subsidy.*



## Voluntary Accident Insurance

Administered by Voya Financial



**Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When an injury happens, Accident Insurance can help.** This section includes cost and benefit information for Accident insurance. As you explore, keep in mind:

- Coverage is always Guaranteed Issue!
- Simplified claims process has limited paperwork and can be submitted/tracked online.
- Benefit payments go directly to you — use them however you'd like!

Accident Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you— to be used however you'd like.** Choose this supplemental health insurance product to lessen the financial impact of a covered accident.

### How much does it cost?

You have the option to elect supplemental Accident Insurance to meet your needs. The table below shows your rates for Accident Insurance. The cost provided below includes your Accident Insurance premium and **Voya Travel Assistance**.

COVERAGE TYPE	MONTHLY RATES
Employee Only	\$5.53
Employee + Spouse	\$10.99
Employee + Child(ren)	\$13.98
Employee + Family	\$19.44

Your spouse will be covered for the same Accident benefits as you, and, if you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are legal guardian can be covered up to age 26. Your children will be covered for the same benefit amounts as you. One premium amount covers all of your eligible children. Your children will be covered for the same Accident benefits as you are and one premium amount covers all of your eligible children. If both you and your spouse are covered under this policy as an employee; then only one, but not both, may cover the same children for Accident Insurance. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage.

### What's covered?

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. You may be required to seek care for your injury within a set amount of time. Some of the specific covered treatments and conditions we pay benefits for include those shown below. For a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders.

### Travel Assistance too?

Being in an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, travel assistance services such as pre-trip and cultural information, security services and accessible technology. Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.

### Sample payment amounts

If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like:

ACCIDENT-RELATED TREATMENT	BENEFIT AMOUNT
Emergency room treatment	\$250
X-ray	\$90
Physical Therapy (up to 6 per accident)	\$60
Stitches (for lacerations, up to 2")	\$90
Follow-up doctor treatment	\$100
Hospital admission	\$1,750
Hospital confinement (per day, up to 365 days)	\$275

This is only a small preview of the benefits available to you. Please see the full Schedule of Benefits in your insurance certificate for complete coverage and exclusion details.

## Voluntary Critical Illness Insurance

Administered by Voya Financial



**There are more than just medical bills to pay after a heart attack, stroke, or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help.** This section includes cost and benefit information for Critical Illness Insurance. As you explore, keep in mind:

- Coverage is always Guaranteed Issue!
- Simplified claims process has limited paperwork and can be submitted/tracked online.
- Benefit payments go directly to you — use them however you'd like!

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like. Choose this supplemental health insurance product to help lessen the financial impact of a covered illness.

### How much does it cost?

The table on next page shows how much you'll pay for Critical Illness Insurance. Please note there are four levels of coverage for you, the employee, to choose from: **\$10K, \$20K, \$30K and \$40K**. The rates are dependent on your age and amount of coverage selected.



Critical Illness Monthly Rates

Attained Age	NON-TOBACCO USER				TOBACCO USER			
	EE Only	EE+SP	EE+CH	EE+FA	EE Only	EE+SP	EE+CH	EE+FA
<b>EMPLOYEE \$10,000 – SPOUSE \$5,000 – CHILD(REN) \$5,000</b>								
Under 25	\$1.70	\$3.00	\$2.20	\$3.50	\$1.70	\$3.05	\$2.20	\$3.55
25-29	\$1.90	\$3.25	\$2.40	\$3.75	\$2.10	\$3.60	\$2.60	\$4.10
30-34	\$2.40	\$4.00	\$2.90	\$4.50	\$3.00	\$4.95	\$3.50	\$5.45
35-39	\$3.30	\$5.40	\$3.80	\$5.90	\$4.80	\$7.70	\$5.30	\$8.20
40-44	\$4.80	\$7.65	\$5.30	\$8.15	\$8.10	\$12.65	\$8.60	\$13.15
45-49	\$6.70	\$10.60	\$7.20	\$11.10	\$12.40	\$19.25	\$12.90	\$19.75
50-54	\$9.70	\$15.25	\$10.20	\$15.75	\$18.40	\$28.80	\$18.90	\$29.30
55-59	\$13.50	\$21.25	\$14.00	\$21.75	\$26.60	\$41.70	\$27.10	\$42.20
60-64	\$19.70	\$30.20	\$20.20	\$30.70	\$40.60	\$61.65	\$41.10	\$62.15
65+	\$36.40	\$52.35	\$36.90	\$52.85	\$75.30	\$107.00	\$75.80	\$107.50
<b>EMPLOYEE \$20,000 – SPOUSE \$10,000 – CHILD(REN) \$10,000</b>								
Under 25	\$3.40	\$6.00	\$4.40	\$7.00	\$3.40	\$6.10	\$4.40	\$7.10
25-29	\$3.80	\$6.50	\$4.80	\$7.50	\$4.20	\$7.20	\$5.20	\$8.20
30-34	\$4.80	\$8.00	\$5.80	\$9.00	\$6.00	\$9.90	\$7.00	\$10.90
35-39	\$6.60	\$10.80	\$7.60	\$11.80	\$9.60	\$15.40	\$10.60	\$16.40
40-44	\$9.60	\$15.30	\$10.60	\$16.30	\$16.20	\$25.30	\$17.20	\$26.30
45-49	\$13.40	\$21.20	\$14.40	\$22.20	\$24.80	\$38.50	\$25.80	\$39.50
50-54	\$19.40	\$30.50	\$20.40	\$31.50	\$36.80	\$57.60	\$37.80	\$58.60
55-59	\$27.00	\$42.50	\$28.00	\$43.50	\$53.20	\$83.40	\$54.20	\$84.40
60-64	\$39.40	\$60.40	\$40.40	\$61.40	\$81.20	\$123.30	\$82.20	\$124.30
65+	\$72.80	\$104.70	\$73.80	\$105.70	\$150.60	\$214.00	\$151.60	\$215.00
<b>EMPLOYEE \$30,000 – SPOUSE \$15,000 – CHILD(REN) \$15,000</b>								
Under 25	\$5.10	\$9.00	\$6.60	\$10.50	\$5.10	\$9.15	\$6.60	\$10.65
25-29	\$5.70	\$9.75	\$7.20	\$11.25	\$6.30	\$10.80	\$7.80	\$12.30
30-34	\$7.20	\$12.00	\$8.70	\$13.50	\$9.00	\$14.85	\$10.50	\$16.35
35-39	\$9.90	\$16.20	\$11.40	\$17.70	\$14.40	\$23.10	\$15.90	\$24.60
40-44	\$14.40	\$22.95	\$15.90	\$24.45	\$24.30	\$37.95	\$25.80	\$39.45
45-49	\$20.10	\$31.80	\$21.60	\$33.30	\$37.20	\$57.75	\$38.70	\$59.25
50-54	\$29.10	\$45.75	\$30.60	\$47.25	\$55.20	\$86.40	\$56.70	\$87.90
55-59	\$40.50	\$63.75	\$42.00	\$65.25	\$79.80	\$125.10	\$81.30	\$126.60
60-64	\$59.10	\$90.60	\$60.60	\$92.10	\$121.80	\$184.95	\$123.30	\$186.45
65+	\$109.20	\$157.05	\$110.70	\$158.55	\$225.90	\$321.00	\$227.40	\$322.50
<b>EMPLOYEE \$40,000 – SPOUSE \$20,000 – CHILD(REN) \$20,000</b>								
Under 25	\$6.80	\$12.00	\$8.80	\$14.00	\$6.80	\$12.20	\$8.80	\$14.20
25-29	\$7.60	\$13.00	\$9.60	\$15.00	\$8.40	\$14.40	\$10.40	\$16.40
30-34	\$9.60	\$16.00	\$11.60	\$18.00	\$12.00	\$19.80	\$14.00	\$21.80
35-39	\$13.20	\$21.60	\$15.20	\$23.60	\$19.20	\$30.80	\$21.20	\$32.80
40-44	\$19.20	\$30.60	\$21.20	\$32.60	\$32.40	\$50.60	\$34.40	\$52.60
45-49	\$26.80	\$42.40	\$28.80	\$44.40	\$49.60	\$77.00	\$51.60	\$79.00
50-54	\$38.80	\$61.00	\$40.80	\$63.00	\$73.60	\$115.20	\$75.60	\$117.20
55-59	\$54.00	\$85.00	\$56.00	\$87.00	\$106.40	\$166.80	\$108.40	\$168.80
60-64	\$78.80	\$120.80	\$80.80	\$122.80	\$162.40	\$246.60	\$164.40	\$248.60
65+	\$145.60	\$209.40	\$147.60	\$211.40	\$301.20	\$428.00	\$303.20	\$430.00

### What's covered?

Critical Illness Insurance provides a benefit payment for the diagnoses of a covered illness or condition such as the ones listed below. In addition to these, there are additional coverages specific to your insured child(ren). Please see the full Schedule of Benefits for details.

- Heart Attack\*
- Coronary Artery Bypass
- Major Organ Transplant\*\*
- Stroke
- Cancer

### Sample payment amounts

If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like:

Covered Condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Major organ transplant**	100%
Coronary artery bypass	25%

\*A sudden cardiac arrest is not in itself considered a heart attack.

\*\*Listed in the certificate of coverage as "major organ transplant", which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in case of the involved organ.

This is only a small preview of the benefits available to you. Please see the full Schedule of Benefits in your insurance certificate for complete coverage and exclusion details.



## Voluntary Hospital Indemnity Insurance



Administered by Voya Financial

Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming. As expenses add up, Hospital Indemnity Insurance can help. This section includes cost and benefit information for Hospital Indemnity Insurance. As you explore, keep in mind:

- Coverage is always Guaranteed Issue!
- Employees get an annual Wellness Benefit of \$50 for completing an eligible health screening test.
- Benefit payments go directly to you — use them however you'd like!

Hospital Indemnity Insurance doesn't replace your medical coverage; instead, it compliments it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in – directly to you – to be used however you'd like. Enroll in Hospital Indemnity Insurance to receive a fixed daily benefit when you have a covered stay in a hospital and that you can use as you determine.

### How much does it cost?

This table shows your rates for Hospital Indemnity Insurance.

Coverage Type	Daily Benefit	Monthly Rates
Employee Only	\$200	\$11.98
Employee + Spouse	\$200	\$26.57
Employee + Child(ren)	\$200	\$22.42
Employee + Family	\$200	\$37.01

Hospital Indemnity Insurance pays a benefit for an eligible confinement or other covered loss that occurs on or after your coverage effective date and subject to any exclusions in your Certificate. The following is a summary of the benefits provided by Hospital Indemnity Insurance. Please note that each available admission benefit is payable up to a maximum of 8 per calendar year.

The admission and daily confinement benefit amounts depend on the type of facility and the number of days of confinement. Only one type of confinement or admission benefit is payable per day. Any combination of confinement and admission benefits payable will not exceed a total of 32 days during a period of confinement.

### When your stay begins...

When you are admitted to a covered medical facility, you become eligible for an admission benefit for the first day of confinement. This benefit is payable once per confinement, up to a maximum of eight admission(s) per calendar year as mentioned above.

Type of Admission	Benefit Amount
Hospital admission	\$1,000
Critical Care Unit admission	\$1,000

### As your stay continues...

Beginning on Day 2 of your confinement, for each day that you have a stay in a covered facility, you'll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility:

Type Of Facility	Daily Benefit
<b>Hospital confinement</b> (1 x the daily benefit, up to 10 days maximum per confinement)	\$200
<b>Critical Care Unit (CCU) confinement</b> (2 x the daily benefit amount, up to 10 days maximum per confinement)	\$400
<b>Rehabilitation Facility confinement</b> (1 x the daily benefit amount, up to 10 days maximum per confinement)	\$200
<b>Observation Unit confinement</b> (at least 4 consecutive hours, but less than 20 consecutive hours, other than as an inpatient. Not payable for any day that a facility confinement or admission benefit is payable.)	\$100

### If you add a child to your family...

Hospital Indemnity Insurance benefits are also available if you have employee or spouse coverage, and the insured employee or spouse is hospitalized for childbirth. In addition, your newborn child(ren) may be covered as well. If child(ren) coverage is effective before the birth, benefits will apply just as they would for any other child(ren), otherwise a one-time benefit of \$150 is payable for the newborn child(ren)'s birth, but no admission benefit is payable.

This is only a small preview of the benefits available to you. Please see the full Schedule of Benefits in your insurance certificate for complete coverage and exclusion details.

**IMPORTANT:** Michigan Technological University offers a fixed indemnity plan; this is NOT health insurance. If you are considering purchasing this policy, please read the notice on page 28 in its entirety.

## Employee Navigator

**New for 2025!**

### Online Enrollment

**New this year!** Employees will enroll in their benefits via **Employee Navigator**.

**IMPORTANT!** Annual Open Enrollment for 2025 benefits will begin on Monday, November 11 and will end on Monday, November 25.

All eligible employees **must enroll in order to have benefits for 2025**. Be sure to consider your options carefully as you make your coverage elections. **Please note that if you're planning to contribute to a FSA (Flexible Spending Account) or a HSA (Health Savings Account) in 2025, you MUST go through the enrollment process.**

### Prior To Completing Your Online Enrollment

**Review your current coverage information!** Employees will be asked to review and enroll in ALL benefits. Open Enrollment information can be found at [www.mtu.edu/hr/current/benefits/open-enrollment](http://www.mtu.edu/hr/current/benefits/open-enrollment).

### Online Enrollment Instructions

- 1 **LOGIN:** Click on your link in the email sent to you by Employee Navigator or Register as a new user at [www.employeenavigator.com](http://www.employeenavigator.com). Create an account, and create your own username and password. You must include the Company Identifier: **MichiganTU**
  - Complete Two-Factor Authentication
- 2 **LET'S BEGIN YOUR OPEN ENROLLMENT:**
  - Verify and enter some personal information for you and your dependents.
  - Enter Social Security Numbers and dates of birth for eligible family members.
  - Select your benefits Elections.
  - Benefits will be finalized only after you sign and authorize your elections.
- 3 **OPEN ENROLLMENT:** After clicking *Start Enrollment* you'll need to complete some personal and dependent information before moving to your benefit elections.
- 4 **BENEFIT ELECTIONS:** To enroll dependents in a benefit, click the checkbox next to the dependent's name under *Who am I enrolling?* Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click *Select Plan* underneath the plan cost. Click *Save & Continue* at the bottom of each screen to save your elections. If you do not want a benefit, click *Don't want this benefit?* at the bottom of the screen and select a reason from the drop-down menu.
- 5 **FORMS:** If you have elected benefits that require a beneficiary designation, or completion of an Evidence of Insurability form, you will be prompted to add in those details.
- 6 **REVIEW & CONFIRM ELECTIONS:** Review the benefits you selected on the enrollment summary page to make sure they are correct then click *Sign & Agree* to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

#### TIPS:

- If you miss a step you'll see Enrollment Not Complete in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them. You can save changes and return to complete enrollment at any time during Open Enrollment.
- Have dependent details available. To enroll a dependent in coverage you will need their date of birth and Social Security Number.



## Resource Contact List

For Questions About	Contact	Call	Visit Website or Email
Medical	Blue Cross Blue Shield of Michigan	877.760.8575	<a href="http://www.bcbsm.com">www.bcbsm.com</a>
Prescription Drugs	Express Scripts	855.612.3121	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Dental	Delta Dental	800.524.0149	<a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a>
Vision	VSP	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life and AD&D	The Standard	800.628.8600	<a href="http://www.standard.com">www.standard.com</a>
Short-Term Disability	The Standard	800.368.2859	<a href="http://www.standard.com">www.standard.com</a>
Long-Term Disability	The Standard	800.368.1135	<a href="http://www.standard.com">www.standard.com</a>
Flexible Spending Accounts (FSA)	WEX	866.451.3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
Health Spending Accounts (HSA)	WEX	866.451.3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
Employee Assistance Program (EAP)	Northstar EAP	906.225.3145	<a href="http://www.northstareap.com">www.northstareap.com</a> Company Code: mtuhusky
Virtual Primary Care	First Stop Health	888.691.7867	<a href="http://www.fshealth.com">www.fshealth.com</a>
Second Opinion Services	2nd.MD	866.887.0719	<a href="http://www.2nd.md/mtu">www.2nd.md/mtu</a>
Voluntary Accident	Voya	877.236.7564	<a href="http://www.voya.com">www.voya.com</a>
Voluntary Critical Illness	Voya	877.236.7564	<a href="http://www.voya.com">www.voya.com</a>
Voluntary Hospital Indemnity	Voya	877.236.7564	<a href="http://www.voya.com">www.voya.com</a>
Retirement – Fidelity	Fidelity	800.835.5097	<a href="http://www.fidelity.com">www.fidelity.com</a>
Retirement – TIAA	TIAA	800.842.2252	<a href="http://www.tiaa-cref.org/mtu">www.tiaa-cref.org/mtu</a>
Michigan Tech HR & Benefits	HR & Benefits Office	906.487.2517	<a href="mailto:hr-help@mtu.edu">hr-help@mtu.edu</a>





## Appendix

### MTU Wellness 360 Incentive!

Michigan Tech deeply values health and wellbeing among its faculty and staff community. The MTU Wellness 360 Incentive is a free, voluntary, and confidential program that helps qualifying benefits-eligible faculty and staff learn helpful information about their health and well-being, encourages them to take steps to improve or maintain it, and earn monetary rewards of up to \$450 for participating in incentive options. The goal of MTU Wellness 360 is to encourage sustainable, healthy lifestyles that help prevent chronic disease and other health conditions, and manage rising healthcare costs. Additionally, MTU Wellness 360 strives to provide faculty and staff with valuable tools and resources to support their emotional, social, and financial wellbeing.

The MTU Wellness 360 – Incentive 2024 Checklist items **MUST** be completed within the reporting period of **January 1, 2024 to December 31, 2024**. The form will then be due to Benefit Services on January 10, 2025 to verify participation in each activity prior to the incentive being awarded in 2025. Incentive payouts will be processed in late February 2025. For more information, please visit <https://www.mtu.edu/hr/current/benefits/mtu-wellness-360/wellness-incentive/>.

Participants must complete three (3) items under the “required” section to earn \$250 and to be eligible to receive the \$200 “optional” incentive.

### Participation

All Michigan Tech benefits-eligible employees are eligible to participate in the MTU Wellness 360 Incentive program. Faculty and staff do not need to be enrolled in a BCBSM Michigan Tech health plan to participate. Read the **wellness program notice of consent** prior to participating in the MTU Wellness 360 Incentive.



## MTU Wellness 360 Incentive Options and Pay Out Methods

	Health Actions	Rewards	Incentive Payout Options
<b>Required Actions</b> (Must Complete 3)	<ul style="list-style-type: none"> <li>BCBS Health &amp; Wellness Assessment                             <ul style="list-style-type: none"> <li>Employees will access the health assessment through their BCBSM account. Any benefits-eligible employee can create an account, even if they don't have BCBSM insurance</li> </ul> </li> <li>Annual Physical Exam</li> <li>Non-Nicotine User OR</li> <li>Tobacco Cessation (Free to Benefit Eligible Employees; For current nicotine users only)</li> </ul>	<p><b>Earn \$250</b></p>	<ul style="list-style-type: none"> <li>Health Savings Account (HSA)*</li> <li>Flexible Spending Account (FSA)*</li> <li>MTU Gift Card (Expires after 5 years)</li> <li>Keweenaw Cash for use at local vendors</li> </ul>
<b>Optional Actions</b> (Check 1 Only)	<ul style="list-style-type: none"> <li>Active Fitness Membership</li> <li>Seasonal Pass/Fitness Class Pass</li> <li>Health Program Participation</li> <li>Complete a minimum of 90 minutes of exercise per week.</li> </ul>	<p><b>Earn an additional \$200</b></p>	<p>*HSA &amp; FSA are tax free lump sums</p>

DISCLAIMER: In order to receive the MTU Wellness 360 Incentive, you must be an **active** employee at the date the payout is received. Employees who are inactive prior to the payout date will no longer be eligible for the incentive.

For complete details and approved incentive options, please see the following website: [mtu.edu/hr/current/benefits/mtu-wellness-360/wellness-incentive](https://mtu.edu/hr/current/benefits/mtu-wellness-360/wellness-incentive).



## Legal Notices

### Patient Protections Disclosure

You do not need prior authorization from BCBS Michigan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the BCBS Michigan at 877.760.8575 or [www.BCBSM.com](http://www.BCBSM.com).

### Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

**Plan 1: Husky Care PPO:** Individual: 70% coinsurance and \$1,500 deductible; Family: 70% coinsurance and \$3,000 deductible

**Plan 2: Husky Care HDHP 1:** Individual: 80%/90% coinsurance and \$1,750 deductible; Family: 80%/90% coinsurance and \$3,500 deductible

**Plan 3: Husky Care HDHP 2:** Individual: 100% coinsurance and \$5,000 deductible; Family: 100% coinsurance and \$10,000 deductible

If you would like more information on WHCRA benefits, please call your Plan Administrator at 906-487-2517 or [hr-help@mtu.edu](mailto:hr-help@mtu.edu).

### Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### Health Insurance Portability and Accountability Act

Michigan Technological University in accordance with HIPAA, protects your Protected Health Information (PHI). Michigan Technological University will only discuss your PHI with medical providers and third party administrators when necessary to administer the plan that provides your medical and dental benefits or as mandated by law.

## Legal Notices

### HIPAA Privacy Rights

The Health Insurance Portability and Accountability Act (HIPAA) provides you certain rights to privacy concerning your health information. The regulations designate certain types of information as Protected Health Information (PHI).

Health care providers (medical professionals) and health plans, including Michigan Technological University health plan representatives, are restricted in their use of PHI to purposes of treatment, payment, and health care operations and as required by national public health activities. Written authorization is required to use or disclose your PHI pertaining to your medical, dental, prescription drug, employee assistance program and health care spending accounts outside of these purposes.

You may receive a form requesting your authorization to use your PHI for another purpose. Should you grant this authorization, your PHI is still protected from use and disclosure by any party other than the one(s) to whom you grant written authorization, and from use and disclosure by authorized parties for any purpose other than the one you specifically authorized.

### Protected Health Information (PHI)

PHI includes information that could be used to identify you as an individual in electronic, printed or spoken forms that relates to (1) past, present or future health, physical or mental condition, (2) provision of health care, or (3) past, present or future payment for the provision of health care.

HIPAA gives you the right to:

- Receive notice of the health plan's uses and disclosures of your PHI, your privacy rights and the health plan's legal duties regarding your PHI;
- Obtain access to your own PHI;
- Amend your PHI;
- Request restriction of the uses and disclosures of your PHI;

HIPAA gives you the right to:

- Receive an accounting of non-exempt uses and disclosures of your PHI over the past six years upon request;
- Receive communications by an alternative means or at an alternate location upon request.

For more information regarding the HIPAA privacy rules, refer to your Summary Plan Description.

### HIPAA Notice of Privacy Practices Reminder

#### Protecting Your Health Information Privacy Rights

Michigan Technological University is committed to the privacy of your health information. The administrators of the Michigan Technological University Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources – Benefit Services at 906-487-2517 or [hr-help@mtu.edu](mailto:hr-help@mtu.edu).

## Legal Notices

### Summary of Material Modification

This summary of material modification ("SMM") describes changes to the Michigan Technological University ("Plan") and supplements the Summary Plan Description ("SPD") for the Plan. The effective date of each of these changes is November 1, 2024. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

### Summary of Material Reduction

This summary of material reduction ("SMR") describes a material reduction in covered services or benefits to the Michigan Technological University Benefits Plan ("Plan") and supplements the Summary Plan Description ("SPD") for the Plan. The effective date of each of these changes is November 1, 2024. You should read this SMR very carefully and retain this document with your copy of the SPD for future reference.

### Summary of Benefits and Coverage

Summary of Benefits Coverage for the Michigan Technological University Medical Plan will be provided upon initial eligibility and as soon as reasonably possible at annual enrollment. You may also request a paper copy by contacting Human Resources.

### Pretax Contributions

In most cases, Michigan Technological University employees' contributions for health coverage are deducted from their paychecks on a pretax basis meaning before federal income taxes, state income taxes (in most cases), and FICA taxes are calculated. Dependents who are not eligible for coverage on a pretax basis may be ineligible for the Plan, or in some cases, the IRS may require that the fair market value of these benefits be treated as Imputed Income. Contributions for medical, dental and vision coverage for eligible dependents that do not qualify for coverage on a pretax basis will be made on a post-tax basis and the Imputed Income will be included on your paycheck and IRS Form W-2.

## Fixed Indemnity Policy

**IMPORTANT:** This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance.
- Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer

## Legal Notices

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

## Legal Notices

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>            Phone: 678-564-1162, Press 1            GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>            Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program            All other Medicaid            Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>            Family and Social Services Administration            Phone: 1-800-403-0864            Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>            Medicaid Phone: 1-800-338-8366            Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>            Hawki Phone: 1-800-257-8563            HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884            HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>            KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>            Phone: 1-877-524-4718            Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=e_n_US">https://www.mymaineconnection.gov/benefits/s/?language=e_n_US</a>            Phone: 1-800-442-6003            TTY: Maine relay 711            Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>            Phone: 1-800-977-6740            TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840            TTY: 711            Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>            Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084            Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>

Legal Notices

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a>                      Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>                      Phone: 603-271-5218                      Toll free number for the HIPP program: 1-800-852-3345, ext. 5218                      Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>                      Phone: 1-800-356-1561                      CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>                      CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>                      Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>                      Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>                      Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>                      Phone: 1-800-699-9075</p>
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
<p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>                      Phone: 1-800-692-7462                      CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a>                      CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>                      Phone: 1-855-697-4347, or                      401-462-0311 (Direct Rlte Share Line)</p>
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA – Medicaid
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>                      Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>                      Phone: 1-888-828-0059</p>
TEXAS – Medicaid	UTAH – Medicaid and CHIP
<p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>                      Phone: 1-800-440-0493</p>	<p>Medicaid Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>                      CHIP Website: <a href="http://chip.utah.gov/">http://chip.utah.gov/</a>                      Phone: 1-888-222-2542</p>
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a>                      Phone: 1-800-250-8427</p>	<p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>                      Medicaid/CHIP Phone: 1-800-432-5924</p>
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>                      Phone: 1-800-562-3022</p>	<p>Website: <a href="https://dhr.wv.gov/bms/">https://dhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>                      Medicaid Phone: 304-558-1700                      CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
<p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002</p>	<p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>                      Phone: 1-800-251-1269</p>

## Legal Notices

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.



## Legal Notices

### **Michigan Technological University Health Plan Notice of Your HIPAA Special Enrollment Rights**

Our records show that you are eligible to participate in the Michigan Technological University Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program** – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources at [hr-help@mtu.edu](mailto:hr-help@mtu.edu).

### **Important Warning**

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

## Legal Notices

### Important Notice from Michigan Technological University About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Michigan Technological University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Michigan Technological University has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Michigan Technological University coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Michigan Technological University coverage, be aware that you and your dependents will be able to get this coverage back.

**When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?** You should also know that if you drop or lose your current coverage with Michigan Technological University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice or Your Current Prescription Drug Coverage...** Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Michigan Technological University changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...** More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

## Legal Notices

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

<b>Date:</b>	<b>January 01, 2025</b>
<b>Name of Entity/Sender:</b>	<b>Michigan Technological University</b>
<b>Contact—Position/Office:</b>	<b>Dan Carney – Chief Human Resources Officer</b>
<b>Office Address:</b>	<b>600 E Lakeshore Drive Houghton, Michigan 49931 United States</b>
<b>Phone Number:</b>	<b>906.487.2517</b>

### Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier’s master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

## Notes

## Notes

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.